

### **REMARKS**

Claims 1, 3-5, 7-17, 19, and 21-32 are pending. By this amendment, claims 1, 14, 27, and 28 are amended. Support for the claim amendments can be found at least at page 24, lines 1-4 of the specification. No new matter is introduced. Reconsideration and prompt allowance of the claims is respectfully requested.

#### **35 U.S.C. § 102 Rejections**

Claims 1, 3-5, 7-17, 19, and 21-32 are rejected under 35 U.S.C. § 102(e) as being anticipated by U.S. Patent 5,832,448 to Brown (hereafter Brown). The Examiner asserts, on page 5 of the Office Action, that Brown teaches compiling a list of flagged patients each having at least one health parameter outside a present range because “[e]ach of the flagged patients in display (26) have a health parameter outside of a pre-set range, namely, they have data that is more than 20 days old.” The Examiner further asserts, on page 5 of the Office Action, that “[i]n the Brown reference, the chart key (68) illustrates other forms of flagging, such as creating dotted diamond icons which represent a flagging of a data point based upon statistical processing. The set of flagged data point on the chart (26) could thus be read as the listing of flagged patients.” This rejection is respectfully traversed.

Brown is directed to a system and method for monitoring a group of patients having a chronic disease or ongoing health condition. The method collects from each patient a corresponding set of measurements of a control parameter of the health condition. The method further includes generating and displaying a group overview chart having one data point for each patient, and selecting from the group overview chart at least one of the patients represented thereon and transmitting supervisory instructions to the at least one selected patient. Specifically, Brown recites, at column 7, lines 2-28 with respect to Figure 3:

Each icon 66 indicates the compliance of the corresponding patient with the prescribed measurement regimen. A chart key 68 is provided on chart 26 to explain the significance of each icon's appearance. Non-compliant patients are represented by flashing icons, while compliant patients are represented by non-flashing icons. In FIG. 3, the flashing icons having dotted borders, while the non-flashing icons have solid borders.

Each icon 66 further indicates the completeness of the set of measurements most recently collected from the corresponding patient. Patients having complete sets are represented by filled icons, while patients having sparse sets are represented by blank icons.

(emphasis added). The icon 66 and the chart key 68 in Brown indicate the level of compliance of a patient or the completeness of measurements collected. Indicating the

compliance of a patient or the completeness of collected measurements is entirely different from flagging a list of patients each having at least one health parameter outside a preset range. Nowhere does Brown disclose or suggest the feature of compiling a flagged list of patients whose health parameters are outside a preset range. Applicants respectfully disagree with the Examiner's assertion that having data that is more than 20 days old is the same as having a health parameter outside a preset range. The age of data is not part of a health parameter. Additionally, the "flagged" patients represented by the dotted circles 72 in Brown are selected from the chart 26 by clinicians (column 7, lines 30-33 of Brown), not compiled after statistical analysis. Therefore, Brown does not disclose or suggest "processing and evaluating statistics from a plurality of patient sources ... compiling, based on a result of the statistics processing and evaluation, a flagged list of patients each having at least one health parameter outside a preset range" as recited in amended claim 1 (emphasis added).

Furthermore, Brown does not disclose or suggest "automatically presenting the flagged list for review by a clinician computer accessing the clinical statistics" as recited in amended claim 1 (emphasis added). Brown's monitoring system merely allows clinicians to communicate proactively with unmotivated patients who have lost contact with the clinician before these patients develop urgent medical needs (column 8, lines 55-58 of Brown), and does not automatically alert clinicians because one or more health parameters fall outside a preset range for each patient. Since Brown does not disclose or suggest all of the elements of amended claim 1, claim 1 is allowable.

Claims 3-5, 7-13, and 29 are allowable because they depend from allowable claim 1 and for the additional features they recite. Applicant therefore respectfully requests withdrawal of the rejection of claims 1, 3-5, 7-13, and 29 under 35 U.S.C. §102 (e).

With respect to claim 14, for the same reason as discussed with respect to claim 1, Brown does not disclose or teach "means for processing and evaluating statistics from a plurality of patient sources ... means for compiling, based on a result of the statistics processing and evaluation, a flagged list of patients each having at least one health parameter outside a preset range ... a display for automatically presenting the flagged list to a user accessing the clinical statistics via a clinician computer" as recited in amended claim 14 (emphasis added). Therefore, claim 14 is allowable.

Claims 15-17, 19, 21-26, and 30 are allowable because they depend from allowable claim 14 and for the additional features they recite. Applicant therefore respectfully requests withdrawal of the rejection of claims 14-17, 19, 21-26, and 30 under 35 U.S.C. §102 (e).

With respect to claim 27, for the same reason as discussed with respect to claim 1, Brown does not disclose or teach “the management computer processes and evaluates statistics from a plurality of patient sources and compiles, based on a result of the statistics processing and evaluation, a flagged list of patients each having at least one health parameter outside a preset range .... a display for automatically presenting the flagged list to a user accessing the clinical statistics via a clinician computer” as recited in amended claim 27 (emphasis added). Therefore, claim 27 is allowable.

Claim 31 is allowable because it depends from allowable claim 27 and for the additional features it recites. Applicant therefore respectfully requests withdrawal of the rejection of claims 27 and 31 under 35 U.S.C. §102 (e).

With respect to claim 28, for the same reason as discussed with respect to claim 1, Brown does not disclose or teach “means for processing and evaluating statistics from a plurality of patient sources... compiling, based on a result of the statistics processing and evaluation, a flagged list of patients each having at least one health parameter outside a preset range ... automatically presenting the flagged list to a user accessing the clinical statistics via a clinician computer” as recited in amended claim 28 (emphasis added). Therefore, claim 28 is allowable.

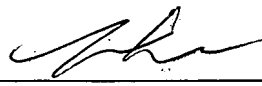
Claim 32 is allowable because it depends from allowable claim 28 and for the additional features it recites. Applicant therefore respectfully requests withdrawal of the rejection of claims 28 and 32 under 35 U.S.C. §102 (e).

In view of the above remarks, Applicants respectfully submit that the application is in condition for allowance. Prompt examination and allowance are respectfully requested.

Should the Examiner believe that anything further is desired in order to place the application in even better condition for allowance, the Examiner is invited to contact Applicants’ undersigned representative at the telephone number listed below.

Respectfully submitted,

Date: **January 23, 2004**

  
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Kelly T. Lee  
Registration No. 47,743  
**Andrews Kurth LLP**  
1701 Pennsylvania Ave, N.W.  
Suite 300  
Washington, DC 20006  
Tel. (202) 662-2736  
Fax (202) 662-2739